

# **Final Report Forms**

## **Title I School Improvement Accountability Grant Program**



Due Date: January 31, 2003

*Submit one copy to:*

*Office of Grants Management*  
New Jersey Department of Education  
PO Box 500  
Trenton, New Jersey 08625-0500  
Attention: *School Improvement Accountability Final Report*

**Project Period: November 1, 2001 to September 30, 2002**



New Jersey Department of Education  
**Title I School Improvement Accountability**  
 Fiscal Year 2002

***Final Report***  
**Title Page**

<b>Final Report for FY 2002 SIA funds</b>			<b>Project Code: SIA ____ - 02</b> <b>Project Period: 11/01/2001 to 9/30/2002</b>	
1. LEA:			2. County:	
3. Project Director:		3a. Tel. #:	3b. FAX #: Email:	
4. Address:				
<b>LEA/Schools</b>	<b>5. Approved Amount</b>	<b>6. Expended Amount</b>	<b>7. Unexpended Balance</b>	<b>8. Amount Being Returned to NJDOE</b>
LEA	\$	\$	\$	\$
School Name:	\$	\$	\$	\$
School Name:	\$	\$	\$	\$
School Name:	\$	\$	\$	\$
School Name:	\$	\$	\$	\$
School Name:	\$	\$	\$	\$
<b>9. Totals:</b>	\$	\$	\$	\$
10. Reason Funds Were Not Expended During the Project Period: (Attach additional sheets, if necessary.)				
11. Board Secretary/Business Administrator (Signature):			Date:	
12. Approved by Chief School Administrator (Signature):			Date:	
SEA USE ONLY FOR FINAL REPORT APPROVAL				
OGM	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Signature:	Date:



New Jersey Department of Education  
**Title I School Improvement Accountability**  
 Fiscal Year 2002

***Final Report – Status Report***  
**For LEA**

LEA: \_\_\_\_\_ COUNTY: \_\_\_\_\_ PROJECT CODE: SIA \_\_\_\_ - 02

***Check all the apply:***

☐ Technical Assistance    ☐ Curriculum Alignment    ☐ Corrective Action    ☐ School Choice/Transportation    ☐ Private School Students

TARGET POPULATION/OBJECTIVES	ACTIVITIES	OUTCOME MEASURES

*Use additional sheets, as needed.*



New Jersey Department of Education  
**Title I School Improvement Accountability**  
Fiscal Year 2002

***Final Report – Status Report***  
**For SCHOOL(S)**

School: \_\_\_\_\_ School Code: \_\_\_\_\_ County: \_\_\_\_\_ Project Code: SIA- \_\_\_\_\_-02

**DESCRIPTION OF ACCOUNTABILITY PLAN:**

**DESCRIPTION OF SCHOOL SUPPORT PLAN:** ☐ Extended-learning ☐ Master Teacher Program  
☐ Accelerated/Enrichment Program ☐ Research-based reading or math ☐ Research-based reform ☐ Parent Involvement

**DESCRIPTION OF SCHOOL CHOICE PLAN** ☐ Open Enrollment ☐ Magnet Program ☐ Partner/Paired Schools



New Jersey Department of Education  
**Title I School Improvement Accountability Grant Application**  
 Fiscal Year 2002

***Final Report – Budget Summary – Expenditures***

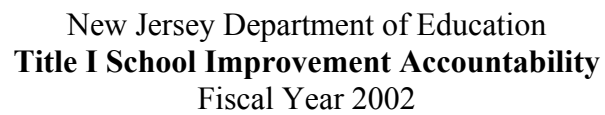
LEA: \_\_\_\_\_ County: \_\_\_\_\_ Project Code: SIA- \_\_\_\_\_ -02

EXPENDITURE CATEGORY	FUNC. & OBJECT CODES	SCHOOL IMPROVEMENT ACCOUNTABILITY GRANT AREAS				
		LEA	School Level			TOTAL
		LEA Funds	Accountability Plan	School Support	School Choice	
INSTRUCTION						
Personal Services - Salaries	100-100					
Purchased Prof. & Tech. Services	100-300					
Other Purchased Services	100-500					
General Supplies	100-600					
Other Objects	100-800					
SUBTOTAL INSTRUCTION						
SUPPORT SERVICES						
Personal Services - Salaries	200-100					
Personal Services- Employee Benefits	200-200					
Purchased Prof. & Tech Services	200-300					
<i>Purchased Prof -Ed. Serv.</i>	200-320					
Purchased Property Serv.	200-400					
Other Purchased Services	200-500					
<i>Travel</i>	200-580					
Supplies and Materials	200-600					
Other Objects	200-800					
<i>Indirect Costs</i>	200-860					
SUBTOTAL-SUPPORT SERVICES						
Fac. Acq. & Construction Serv. – Buildings	400-720					
Instructional Equipment	400-731					
Noninstructional Equipment	400-732					
SUBTOTAL-FACILITIES ACQ. & CONSTRUCTION SERVICES						
Schoolwide Programs: Abbott	520-930					
Schoolwide Programs: Non-Abbott	520-932					
TOTAL PROJECT EXPENDITURES						

LEA Business Administrator Name

LEA Business Administrator Signature

Date



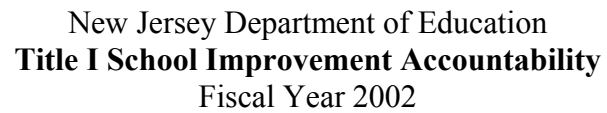
**LEA:** \_\_\_\_\_  
**TPAF/FICA: 7.65% minimum**

Project Code SIA \_\_\_\_-02

LEA-Business Administrator Signature: \_\_\_\_\_

5





**LEA:** \_\_\_\_\_ **COUNTY:** \_\_\_\_\_ **PROJECT CODE:** SIA \_\_\_\_ - 02

**LEA Business Administrator Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_